

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To:	Durable Medical Equipment (DME) Providers Pharmacists Managed Care Organizations	Memorandum No: 07-42 Issued: June 26, 2007 For information contact 800.562.3022 (option 2) or go to: http://maa.dshs.wa.gov/contact/prucontact.asp
From:	Douglas Porter, Assistant Secretary Health and Recovery Services Administration (HRSA)	Supersedes # Memorandum: 06-52
Subject:	Nondurable Medical Supplies and Equipment (MSE): Fee Schedule and Policy Updates	

<p>Effective for dates of service on and after July 1, 2007, the Health and Recovery Services Administration (HRSA) is updating the fee schedule for the Nondurable Medical Supplies and Equipment program with new maximum allowable fees.</p>
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Maximum Allowable Fees

Effective for dates of service on and after July 1, 2007, HRSA is updating the Nondurable Medical Supplies and Equipment (MSE) program fee schedule with new fees.

Visit HRSA's web site at <http://maa.dshs.wa.gov/RBRVS/Index.html> to view the new fee schedule, effective July 1, 2007.

Bill HRSA your usual and customary charges.

Policy Update

HRSA is updating the limitations on bariatric disposable incontinence briefs/diapers, procedure code T4543. Currently, HRSA will reimburse for this procedure code when provided to **clients 3-18 years of age**.

Effective for dates of service on and after July 1, 2007, HRSA will reimburse for this procedure code only when provided to **clients age 6 and older**.

Miscellaneous Correction

When HRSA updated the *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions* in January 2007, the following expedited authorization (EPA) criteria were accidentally omitted from page E.7. These criteria have been added to page E.7 and a replacement page for HRSA's *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions* is attached to this memorandum.

T5999	Supply, not otherwise specified ("Sharps" disposal container for home use, up to one gallon size, each.)	863	Purchase of 2 per month allowed when all of the following criteria are met: a) Client is not in a nursing facility; and b) When prescribed by a physician.
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Billing Instructions Replacement Pages

Attached are replacement pages D.67-D.68 and E.7-E.8 for HRSA's current *Nondurable Medical Supplies and Equipment (MSE) Billing Instructions*.

Contact Information

Send reimbursement issues, questions, or comments to:

Health and Recovery Services Administration
Durable Medical Equipment Rates Management
Office of Professional Reimbursement
PO Box 45510
Olympia, Washington 98504-5510
360.725.1845
Fax # 360.753.9152

Send authorization issues, questions, or comments to:

Health and Recovery Services Administration
Durable Medical Equipment Program Management
Unit (DMEPMU)
PO Box 45506
Olympia Washington 98504-5506
800.292.8064
Fax # 360.586.5299

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	T4539	NU	Incontinence product, diaper/brief, reusable, any size, each.	Medical exceptions to maximum quantity or age limitation require PA.	Age 3 and up. Maximum of 36 diapers allowed per client per month. Included in nursing facility daily rate.
#	T4540		Incontinence product, protective underpad, reusable, chair size, each.		
	T4541		Incontinence product, disposable underpad, large, each.		For use on the client's bed only. Requires a minimum underpad size of 810 square inches. Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR).

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
KS – NonInsulin Dependent

RR – Rental
NU – Purchase

RP – Replacement
- Not Covered

**Nondurable Medical Supplies
and Equipment**

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	T4542		Incontinence product, disposable underpad, small size, each.		Maximum of 180 pieces allowed per client per month. Included in nursing facility daily rate. Not allowed in combination with code T4537 (NU) or T4537 (RR).
N	T4543		Disposable incontinence product, brief/diaper, bariatric, each	Yes	Clients age 6 and older. Included in nursing facility daily rate. *

* Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.

Note: Billing provision limited to one a 30-day supply. One month equals 30 days.

KX – Insulin Dependent
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- Not Covered

**Nondurable Medical Supplies
and Equipment**

Procedure Code	Description	EPA Code	Criteria
		852	Up to equal amount of diapers/briefs received if one of the following criteria for clients is met: a) Tube fed; b) On diuretics or other medication that causes frequent/large amounts of output; or c) Brittle diabetic with blood sugar problems.
T5999	Disinfectant spray, 12 oz.	853	Purchase of 1 per client every 6 months when all of the following criteria are met: a) Client is not in a nursing facility; and b) When prescribed by a physician.
T5999	Lice comb, such as LiceOutTM, LeisMeisterTM, or combs of equivalent quality and effectiveness. (Discontinued effective 1/1/07--the comb is now included in the reimbursement for A9180 Pediculosis treatment)	861	Will allow 1 per client, per year when all of the following criteria are met: a) Client is not in a nursing facility; and b) When prescribed by a physician.
T5999	Non-toxic gel such as LiceOutTM for use with lice combs, per 8 oz bottle. (Discontinued effective 1/1/07.)	862	Allow 1 bottle per client, per year when all of the following criteria are met: a) For use with a medically justified LiceCombTM; b) Client is not in a nursing facility; and c) When prescribed by a physician.
T5999	Supply, not otherwise specified ("Sharps" disposal container for home use, up to one gallon size, each.)	863	Purchase of 2 per month allowed when all of the following criteria are met: a) Client is not in a nursing facility; and b) When prescribed by a physician.

Nondurable Medical Supplies and Equipment

Procedure Code	Description	EPA Code	Criteria
<p>Note: The following criteria pertain to the four procedure codes listed below. Clients will be considered high risk and eligible to receive compliance devices if they:</p> <ul style="list-style-type: none"> • Do not reside in a skilled nursing facility or other inpatient facility; and • Have one or more of the following representative disease conditions: Alzheimer's disease, blood clotting disorders, cardiac arrhythmia, congestive heart failure, depression, diabetes, epilepsy, HIV/AIDS, hypertension, schizophrenia, or tuberculosis; <p style="text-align: center;">—AND—</p> <ul style="list-style-type: none"> • Concurrently consume two or more prescribed medications for chronic medical conditions that are dosed at three or more intervals per day; or • Have demonstrated a pattern of noncompliance that is potentially harmful to the client's health. The client's pattern of noncompliance with the prescribed drug regimen must be fully documented in the provider's file. <p>For questions related to compliance packaging, call the Pharmacy Prior Authorization Section, Drug Utilization and Review at: (800) 848-2842.</p>			
Compliance Packaging			
T1999*	Reusable compliance device/container (e.g., medisets, weekly minders, etc.).	864	Limit of four devices/containers per client, per year when criteria in above shaded box is met.
T1999*	Nonreusable compliance device/container (e.g., blister packs, bingo cards, bubble packs, etc.).	865	Limit of four devices/containers per client, per year when criteria in above shaded box is met.
T1999*	Reusable compliance device or container, extra large capacity.	866	Limit of four per client, per year when criteria in above shaded box is met.
A9901*	Filling fee for reusable compliance device or container.	867	Limit of four fills per client, per month when criteria in above shaded box is met.

* Deleted – see HRSA's *Prescription Drug Program Billing Instructions*.